

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, on the front if space permits.</p>		<p>A. Signature X <i>Rick Biggs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rick Biggs</i> C. Date of Delivery <i>1-25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed FILED</p> <p>es G. Woodward</p> <p>ates District Court</p> <p>omas F. Eagleton</p> <p>States Courthouse</p> <p>th Tenth Street</p> <p>S, MO 63102-1116</p> <p>JAN 29 2008</p> <p>MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT</p>		<p>Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>JAN 29 2008</p>		<p>7006 0100 0001 7313 6515</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

FILED**JAN 29 2008**

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

UNITED STATES POSTAL SERVICE, MO 631

25 JAN 08 PM 10 7

First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
219 S. DEARBORN STREET
CHICAGO, ILLINOIS 60604

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

JAN 29 2008**RECEIVED**

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